

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF MISSOURI

Jeffery J. BARMANN  
Plaintiff

vs.

William Chestnut And  
Defendant Kaplan University

Case No. \_\_\_\_\_

AFFIDAVIT OF FINANCIAL STATUS

I, Jeffery J. BARMANN declare that I am the plaintiff in this case, that because of my poverty I am unable to pay the costs of these proceedings, and that I believe I am entitled to relief.

I further swear that the responses which I have made to the questions below and the information I have given relating to my ability to pay the costs of commencing and prosecuting this action are true.

I. MARITAL STATUS AND PERSONAL DATA

A. Single: ☒ Married: \_\_\_ Separated: \_\_\_ Divorced: \_\_\_

B. Name of Spouse N/A

C. Age of plaintiff, petitioner or complainant: 57 yrs

D. Age of spouse: N/A

E. Address of plaintiff, petitioner or complainant: 7945 Blue

Ridge Blvd., Kansas City Mo 64138

Telephone: 298-6052

F. Address of spouse: N/A

Telephone: N/A

- G. State name or names of dependents who live with you, their age, address, relationship, and how much of their monthly support you provide:

None

## II. EMPLOYMENT

- A. Name of employer: Unemployed

Address of employer: \_\_\_\_\_

Employer's telephone: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Job title or description: \_\_\_\_\_

Net Income: Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

Gross Income: Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

Does employer provide health insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

If employer provides health insurance, describe coverage: \_\_\_\_\_

- B. Previous employment (Answer only if presently unemployed).

Name of employer: State of Missouri

Address of employer: 2729 PLAZA Drive

(573) 751-2389 Employer's telephone: \_\_\_\_\_ Length of employment: 26 yrs

Job title or description: State Prisoner LAW Clerk

Net Income: Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

Gross Income: Monthly \$ 25.00 Weekly \$ \_\_\_\_\_

- C. Employment of spouse:

Name of employer: N/A

Address of employer: N/A

Employer's telephone: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Job title or description: \_\_\_\_\_

Net Income: Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

Gross Income: Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

### III. FINANCIAL STATUS

(Answer questions on behalf of both the plaintiff, petitioner or complainant and spouse).

A. Owner of real property? Yes \_\_\_ No X

If yes - Description: \_\_\_\_\_

Address: \_\_\_\_\_

In whose name? \_\_\_\_\_

Estimated value: \_\_\_\_\_

Total amount owed: \_\_\_\_\_

Owed to: \_\_\_\_\_

Annual income from property: \_\_\_\_\_

B. Owner of automobile: Yes X No \_\_\_

If yes - Number of automobiles owned: One

Make Honda Model Accord Year 1997

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

In whose name registered? Mine and a friend

Present value: 2 thousand dollars

Amount owed on the automobile(s): NONE

Owed to: N/A

Monthly payment(s): \_\_\_\_\_

- C. Cash on hand: (Include checking and savings accounts)

\$ 35.<sup>00</sup>

List names and addresses of banks and associations:

Please do not state account numbers: Hawthorne BANK  
K.C. Mo. checking account

- D. Have you received within the past 12 months any money from any of the following sources:

	Yes	No
Rent payments, interest or dividends:	—	<u>X</u>
Pensions, trust funds, annuities or life insurance payments?	—	<u>X</u>
Gifts or inheritances?	—	<u>X</u>
Welfare payments?	—	<u>X</u>
ADC or other governmental child support?	—	<u>X</u>
Unemployment benefits?	—	<u>X</u>
Social Security benefits?	—	<u>X</u>
Other sources?	<u>X</u>	—

- E. If the answer to any item in D above was "Yes", describe each source of money and state the amount received from each during the past 12 months:

Grade school friends bought me car and  
computer, and helped with other  
expenses when I was released from  
Prison in March 2009

IV. OBLIGATIONS

- A. Monthly rental on house or apartment: Live with friend - No Rent
- B. Monthly mortgage payments on house: 00
- Amount of equity in house: 00

C. Monthly mortgage payments on other properties: \$ 00

Amount of equity in other properties: \$ 00

D. Household expenses:

Monthly grocery expense: 200 dollars Food Stamp<sup>s</sup>

Monthly utilities:

Gas: \_\_\_\_\_

Electric: \_\_\_\_\_

Water: \_\_\_\_\_

Other: (Specify) GAS for car

E. Other debts and miscellaneous monthly expenses:

TO WHOM OWED AND FOR WHAT REASON INCURRED?	MONTHLY PAYMENTS	BALANCE DUE

**V. OTHER INFORMATION PERTINENT TO FINANCIAL STATUS**

(Include information regarding stocks, bonds, savings bonds, either individually or jointly owned).

---

---

---

---

I understand that a false statement or answer to any question will subject me to penalties of perjury.

  
Plaintiff

**VERIFICATION**

State of Missouri     )  
                                      ) SS.  
County of Jackson    )

I herein verify under pains and penalty of perjury that I know the contents of this affidavit and that the information contained in the affidavit is true to the best of my knowledge and belief.

  
Signature of Plaintiff(s)

**SWORN DECLARATION**

Under Penalty of Perjury

28 U.S.C. Section 1746

Date: 8-03-09